

**Minnesota Department of
Health (MDH)
Hearing Screening Tips
Children Infant to 21 years**



Overview:

Continued detection of hearing loss in children (after NBHS) is extremely important as hearing loss may interfere with communication, development, health, or future school performance. Hearing loss can occur in this age group often due to middle ear disease. Hearing loss can also be progressive (getting worse over time) or acquired later, even though the child passed newborn screening.

Screening Tools Needed:

Infant to age 3 years

- My Child's Hearing Checklist
- 'At Risk' Hearing Loss Questions

Age 3 years and older

- Pure Tone Audiometer (gold standard best practice)
- Toys
- Handheld audiometers are not recommended as doesn't allow for variation of the delivery of tones. Their sensitivity and specificity are not as reliable as the traditional puretone audiometer.
- Tympanometry (MEE) optional

Age-Related Screening

Recommendations:

1 mo-24 months

- My Child's Hearing Checklist
- 'At Risk' Hearing Loss Questions

3 to 3 ½ years:

- Play audiometry (after demonstration and instruction, child places a toy in a bucket) to indicate he/she hears the tone

Children 3 ½ and older

- Traditional Audiometry (raises hand when hears a tone).
- Screen at the following frequencies/decibel levels in the following order:
1000, 2000 and 4000 Hz @ 20dB.
Finish at 500 Hz @25dB.

Hearing Screening Tips and

Techniques:

- Make sure that the testing area is quiet
- The audiometer should be calibrated yearly
- Have the child practice once or twice to make sure the child understands the instructions
- The tester should not show facial expressions that may give sound clues to the child while testing

For More Information:

MDH Community and Family Health Div.
www.health.state.mn.us/divs/fh/mch/hlth-vis/index.html. 651-281-9949 3/06

